

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

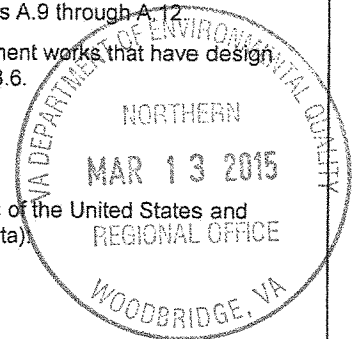
BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)



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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Lake Land'Or WWTP

Mailing Address 2414 Granite Ridge Road Rockville, VA 23146

Contact person Luther Ghorley

Title Area Manager

Telephone number (804) 240-9650

Facility Address 2414 Granite Ridge Road Rockville, VA 23146
(not P.O. Box)

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Aqua Virginia, Inc.

Mailing Address 2414 Granite Ridge Road Rockville, VA 23146

Contact person Brad Campbell

Title Compliance Coordinator

Telephone number (804) 971-2502

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0060887 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Lake Land'Or</u>	<u>2030</u>	<u>Seperate</u>	<u>Aqua Virginia, Inc.</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>2030</u>			

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. **Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- .22
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.15</u>	<u>0.15</u>	<u>0.19</u> mgd
c. Maximum daily flow rate	<u>0.57</u>	<u>0.78</u>	<u>0.55</u> mgd

A.7. **Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent 0
iii. Combined sewer overflow points 0
iv. Constructed emergency overflows (prior to the headworks) 0
v. Other _____ 0

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____
Annual average daily volume discharged to surface impoundment(s) _____ mgd
Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____
Number of acres: _____
Annual average daily volume applied to site: _____ Mgd
Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

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If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

a. Outfall number 001

b. Location Ruther Glen 22546
(City or town, if applicable) (Zip Code)
Caroline VA
(County) (State)
38 01 50N 77 32 59W
(Latitude) (Longitude)

c. Distance from shore (if applicable) N/A ft.

d. Depth below surface (if applicable) N/A ft.

e. Average daily flow rate 0.15 mgd

f. Does this outfall have either an intermittent or a periodic discharge? Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? Yes ✓ No

a. Name of receiving water South River, UT

b. Name of watershed (if known) York

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): York

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 02080107

d. Critical low flow of receiving stream (if applicable):
acute 0.26 cfs chronic 0.36 cfs

e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO₃

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- a. What levels of treatment are provided? Check all that apply.

☒ Primary☒ Secondary☒ Advanced☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal

96 %

Design SS removal

98 %

Design P removal

92 %

Design N removal

80 %

Other _____

%

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ultraviolet Primary System (Sodium Hypochlorite & Sodium Metabisulfate as back up system)

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes☒ No

- d. Does the treatment plant have post aeration?

☒ Yes☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.78	s.u.			
pH (Maximum)	8	s.u.			
Flow Rate	NL		0.15	mgd	Continuous
Temperature (Winter)	NL		NA	NA	NA
Temperature (Summer)	NL		NA	NA	NA

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	17	mg/L	1.49	mg/L	53	SM 5210B	15 mg/L
	CBOD-5	67	mg/L	1.06	mg/L	102	SM 5210B	15 mg/L
FECAL COLIFORM		<2420	n/100mL	63.72	n/100mL	664	Colilert MPN	126 MPN/100mL
TOTAL SUSPENDED SOLIDS (TSS)		126	mg/L	2.31	mg/L	650	SM 2540D	15 mg/L

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ ~7000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Annual reports are being submitted to DEQ every Feb. 14th detailing work done in the previous year.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____ Yes ☒ No

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- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).
- _____

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	30.4	mg/L	0.91	mg/L	232	EPA350.1 Rev.2	1.8 mg/L-wk
CHLORINE (TOTAL RESIDUAL, TRC)	N/A	N/A	N/A	N/A	N/A		
DISSOLVED OXYGEN	18.2	mg/L	9.8	mg/L	1533	4500-O G.	min 5 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	2	mg/L	1.96	mg/L	650	EPA351.2 Rev.2	4.5 mg/L-wk
NITRATE PLUS NITRITE NITROGEN	18	mg/L	4.2	mg/L	100	SM4110B	No Limit
OIL and GREASE	N/A	N/A	N/A	N/A	N/A		
PHOSPHORUS (Total)	11	mg/L	.59	mg/L	104	SM4500-P	No Limit
TOTAL DISSOLVED SOLIDS (TDS)	N/A	N/A	N/A	N/A	N/A		
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

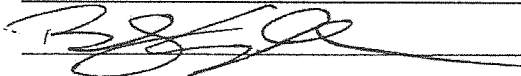
- ☒ Basic Application Information packet Supplemental Application Information packet:
- _____ Part D (Expanded Effluent Testing Data)
- _____ Part E (Toxicity Testing: Biomonitoring Data)
- _____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
- _____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Brad Campbell / Compliance Coordinator Aqua Virginia

Signature



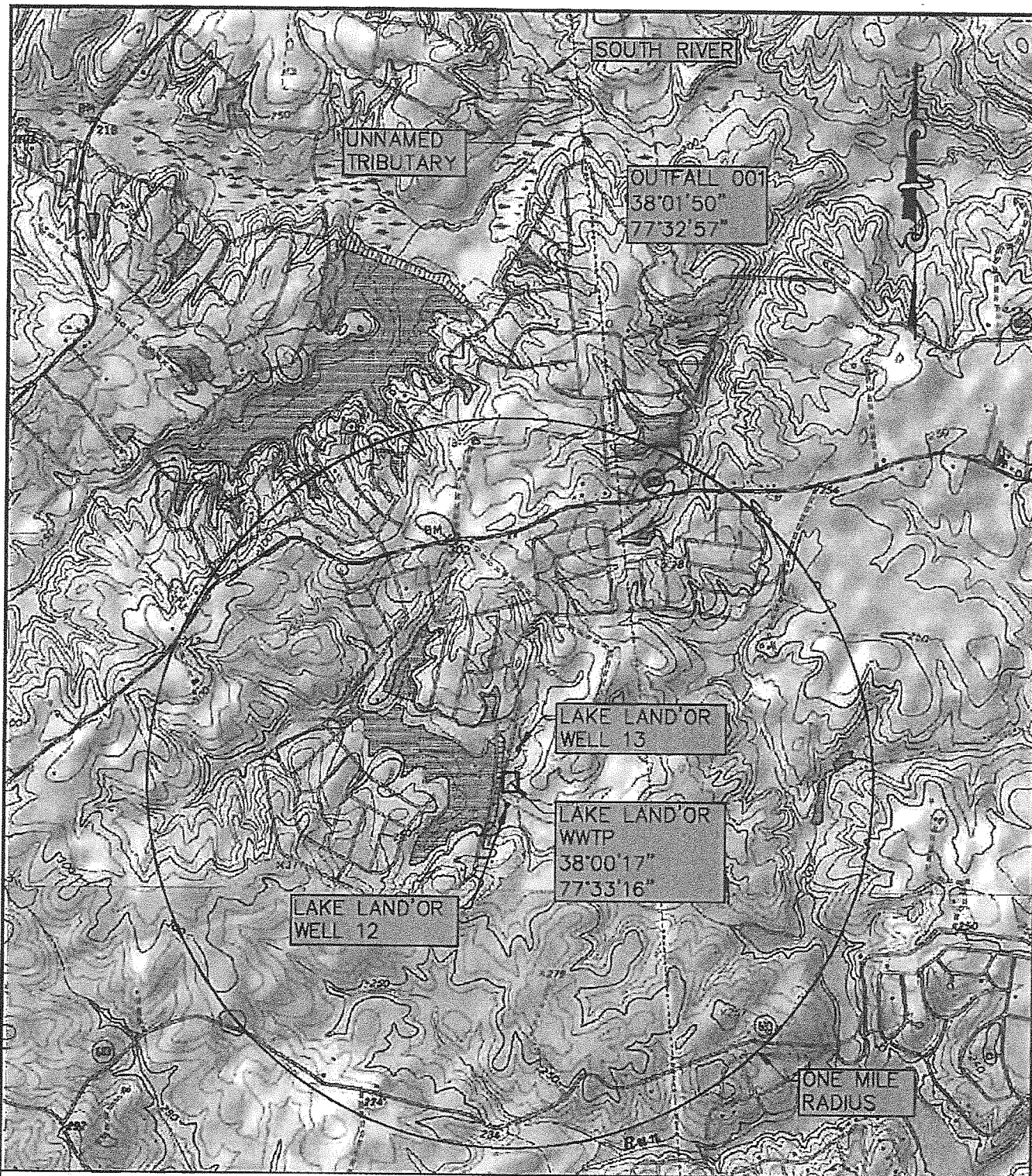
Telephone number (804) 971-2502

Date signed 03/13/2015

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

I:\Dwg\Aqua Virginia\12373.09-Lake Land\SITE LOCATION MAP.dwg, Layout1, 2009-06-18 2:38:56 PM, chodg



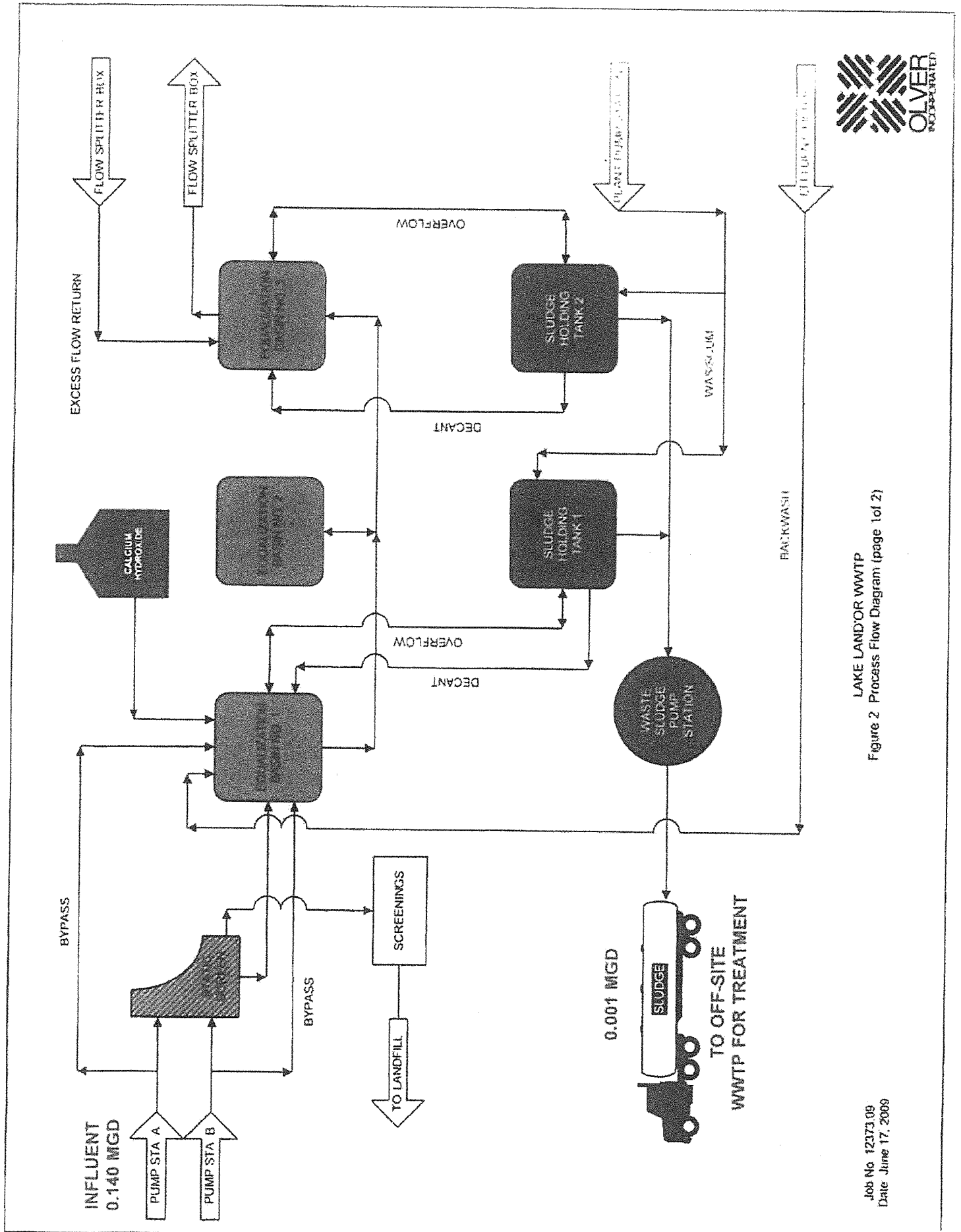
MAP SOURCE USGS LADYSMITH, VA DATED 1966 PHOTOREVISED 1979
MAP SOURCE USGS HEWLETT, VA DATED 1969 PHOTOREVISED 1985

LAKE LAND'OR WASTEWATER TREATMENT PLANT SITE LOCATION MAP

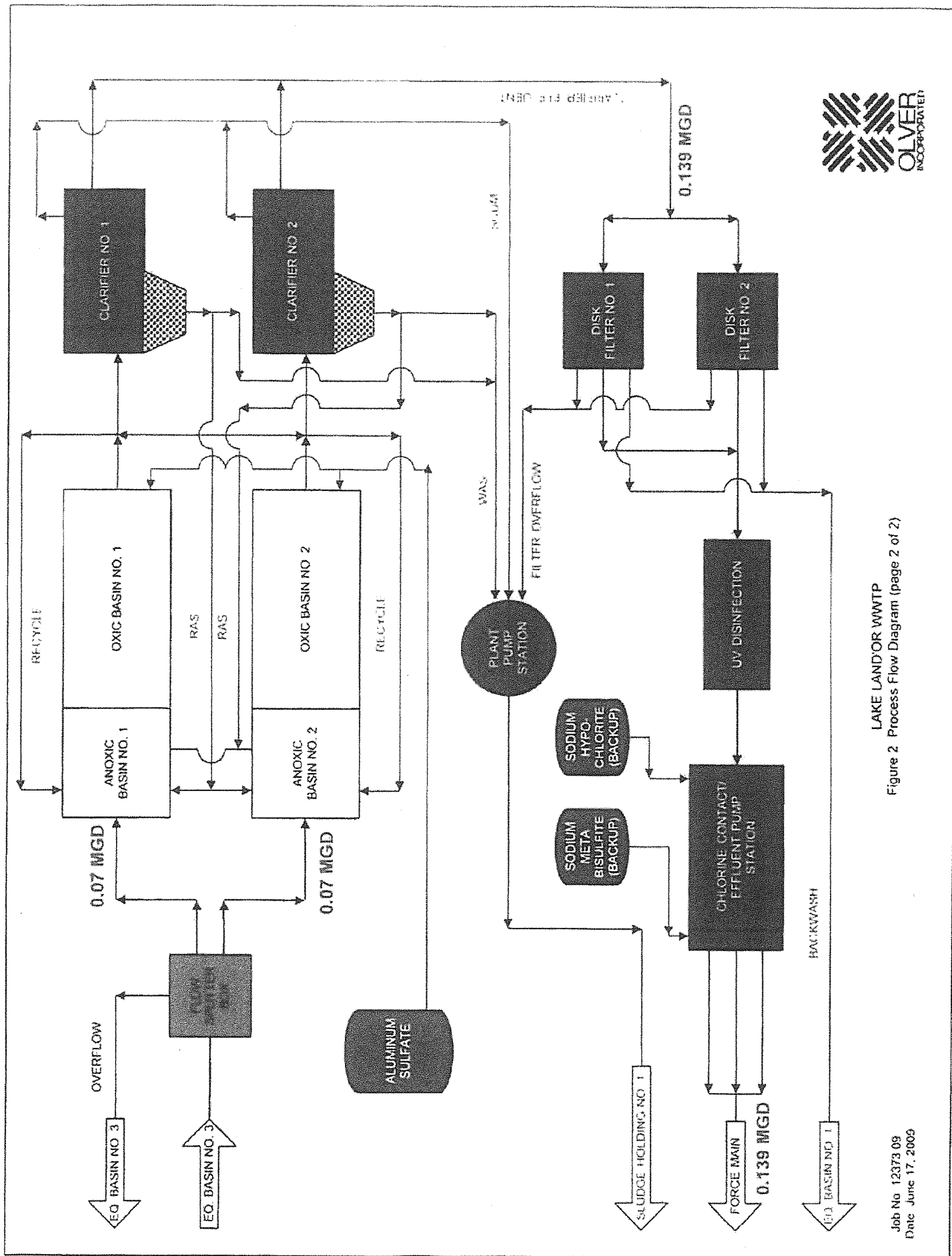
SCALE: 1"=2000'
JOB NO.:12373.09

FIGURE 1

JUNE 2009



LAKE LAND/O'OR WWTP
Figure 2 Process Flow Diagram (page 1 of 2)



LAKE LAND/OR WWTP
Figure 2 Process Flow Diagram (page 2 of 2)

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed: Luther Ghorley, Area Manager

Owner: Aqua Virginia, Inc.

Applicant's Address: 2414 Granite Ridge Road

Rockville, VA 23146

Agent's Telephone Number: 804-749-8868 ext. 54415

Authorizing Agent:

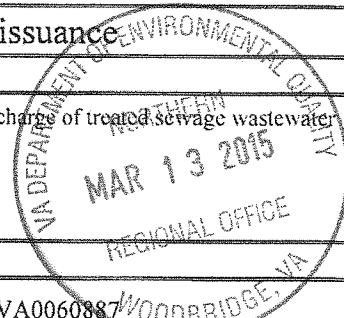

Signature

VPDES Permit No. VA0060887
Lake Land 'Or

Please return to:

Douglas Frasier
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: 703-583-3821

VPDES Sewage Sludge Permit Application for Permit Reissuance



Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 - Sludge Disposal Management (To be completed by all facilities)

Facility Name: Lake Land'Or WWTP

VPDES Permit No: VA0060887

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☐ Yes ☒ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name _____

b. Receiving Facility VPDES Permit No. _____

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge _____

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☒ Yes ☐ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

King George Landfill

b. Landfill Permit No. 100937VA

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☐ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name _____

c. Air Registration No. _____

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☒ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

☐ Yes ☒ No

VDACS certification number? _____

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name _____

b. Permit No. _____

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☐ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No
If no, provide the data with this application. _____

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

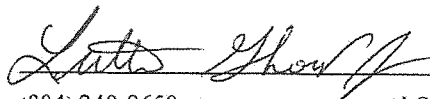
1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Luther Ghorley

Signature



Telephone number / Email (804) 240-9650

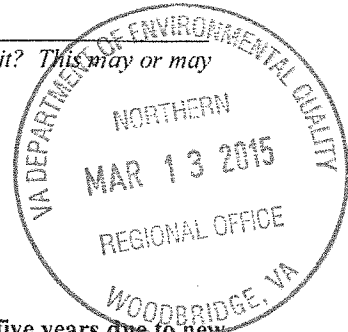
/LSGhorley@aquaaamerica.com

Date signed

3-13-15

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

VPDES PERMIT APPLICATION ADDENDUM



1. Entity to whom the permit is to be issued: Aqua Virginia, Inc.
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. Is this facility located within city or town boundaries? Yes ☐ No ☒
3. Please provide the tax map parcel number for the land where the discharge is located:
Caroline County Tax Map 51A7 Parcel A1.
4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? Zero acres
5. What is the design average flow of this facility in million gallons per day (MGD)? 0.22 MGD
For industrial facilities, provide the maximum 30-day average production level, include units:
6. In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒
If yes, please identify the other flow tiers in MGD: _____
Please consider the following as you answer the questions in #5 above for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?
7. Nature of operations generating wastewater: General residential domestic

100 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 811

0 % of flow from non-domestic connections/sources

8. Mode of discharge: ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent and seasonal discharges: _____

9. Identify the characteristics of the receiving stream at the point just above the facility's discharge point(s):

Stream Characteristic	Outfall Number			
	001			
Permanent stream, never dry	X			
Intermittent stream, usually flowing, sometimes dry				
Ephemeral stream, wet-weather flow, often dry				
Effluent-dependent stream, usually or always dry				
Lake or pond <u>at or below discharge point</u>				
Other:				

10. Approval date(s), if applicable:

O & M Manual 9/7/2010

Sludge/Solids Management Plan 12/21/2006

Have there been changes in your operation or procedures since the above approval dates? Yes **(No)**

11. **Privately Owned Treatment Works:** If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

12. Please provide a list of Materials stored at the facility. Please complete the table below or attach another page if more room is necessary.

Material Storage		
Materials Description	Volume Stored	Spill/Stormwater Prevention Measures
Magnesium Hydroxide	19,309 lbs. (Max)	Grate with drain that leads back to head of plant

13. Please provide the name and email addresses for personnel who will be involved with the reissuance of the VPDES permit:

Name	Title	E-mail Address
Brad Campbell	Compliance Coordinator	BCampbell@aquaaamerica.com
Luther Ghorley	Area Manager	LSGhorlev@aquaaamerica.com

14. **Consent to receive Electronic Mail**

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: BCampbell@aquaaamerica.com

- ☐ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.